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e de la composición dela composición de la composición dela composición de la composición de la composición dela composición dela composición de la composic	PLACE OF BIRTH	
. }	!!	IZONA STATE BOARD OF HEALTH
4	District of The	
i i		TAL STATISTICS State Index No. 162
1	or	FICATE OF BIRTH County Registrar No. 988
Š	City of No No	Local Registrar No.
stated,		curred in a hospital or institution, give its NAME instead of street and number)
	heater or piural	er 6. Legitimate? 7. Date 6.00 2 201
	8. FATHER	of birth Month Day Year
	Full name Mussell & Brown	14. MOTHER Full maiden name
	9. Residence (Usual place of abode) Sycamore	15 Residence
	If non-resident, give place and state.	(Usual place of abode) Ly Camore W. If non-resident, give place and state.
Ę	10. Color or race	16 Color or race
ğ	11. Age at last birthday 2 7 (Years)	20/
der.	12. Birthplace (city or place)	17. Age at last birthday 21 (Years)
ō	(State or country)	18. Birthplace (city or place)
Ì	13. Occupation Than mage	(State or country)
ļ	Nature of industry	19. Occupation Housewelle
=		Nature of Industry Bush 200
	20. Number of children of this mother (a) Born alive and now livin	21. Were precautions taken against oph-
	certified and including this child.) f (c) Stillborn	thalmia neonatorum?
	I hereby certify that I attended the birth of this child, who was Dam Chre at V O months down	
	1 7 When there were an array to a second to the CD	orn alive or stillborn.) at m. on the date above stated
	etc., should make this return. A stillborn	or offermedy.
	(Address	(Physician or midwife).
	Given name added from a supplemental report. Month, day, year Filed / O	20,024 B. G. G. Oy
	Registrar Filed /	3 1925 P Clocal Registrar.
	<u>_</u>	County Registrar.
	725-1212-439	f